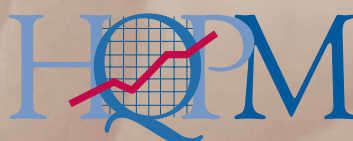
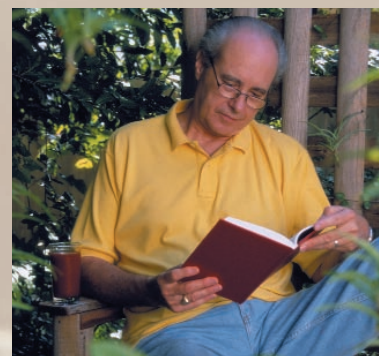
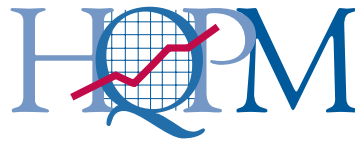


HOME HEALTH PATIENT SATISFACTION:

A National View of Public Reporting



Health Quality Performance Measurement



Health Quality Performance Measurement

The Office of Performance Measurement
reports on the performance
and quality of healthcare provided
by healthcare facilities
and health plans in Rhode Island.

Home Health Patient Satisfaction: A National View of Public Reporting

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I. Introduction

A. Purpose of Environmental Scan:

The purpose of this environmental scan is to:

- review current literature related to patient satisfaction and reporting of patient satisfaction data in home care;
- determine current reporting requirements across the country;
- identify current reporting systems utilized for reporting and analyzing patient satisfaction data in home care.

This information will assist HEALTH (the Rhode Island Department of Health), in designing implementation strategies for home care public reporting as cited in Public Law 092: "An Act Relating to Health and Safety-Establishing the Rhode Island Health Quality Performance Measurement and Reporting Program."(98-S 2282A, Enacted 7/3/98, Chapter 23-17.17).

Information obtained for inclusion in this scan was gathered from a variety of sources. These sources include: current literature and research regarding patient satisfaction related to home health care; current research regarding public reporting of outcomes information; internet searches related to public reporting of patient satisfaction information and patient satisfaction survey vendors; email surveys to home care association administrators throughout the United States; and telephone interviews with administrators and quality improvement managers from Rhode Island home care agencies.

B. Review of Literature

Much has been written about patient satisfaction in health care, particularly in hospitals, and managed care plans. However, there has not been a significant volume of literature published regarding home care patient satisfaction and reporting (Laferriere, R. 1993). Over the past five years, this is changing with the shift to providing more and more home care in the community and with regulatory and accreditation requirements for reporting this information.

Moran, N.Y. and Malone, M.P. (1997) cite four major areas of outcomes measurement in which home care agencies must demonstrate the ability to document success: cost/financial, clinical, functional status, and patient satisfaction. Patient satisfaction is also noted as an integral component of outcomes measurement by Milone-Nuzzo, P., Brink, S., Huang, J., Levine, K., O'Neill, M. (1997).

Moran and Malone (1997) identify patient satisfaction as a critical success factor in home care administration for the following reasons:

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- Providing high quality service is part of the mission statement of most agencies, and relates to satisfying patients and their families.
- Patient satisfaction impacts the bottom-line financial results of an agency.
- A high level of patient satisfaction helps an agency demonstrate successful outcomes to payers, employers, providers, and managed-care organizations.
- Satisfying patients contributes to the quality of their lives and can help increase compliance with medical regimes.
- Satisfied patients are important for word of mouth referrals and for helping the external image of an agency.
- Satisfied patients can help increase employee satisfaction, and positively influence recruitment and retention.
- Satisfying patients is more cost effective than responding to complaints - Data about patient satisfaction can support quality improvement initiatives.

There is substantial agreement that consumer satisfaction is multidimensional and there are many models of consumer satisfaction that have been identified in the literature (Pascoe, G. 1984). The one definition that appears to summarize all others is “the match between what patients expect from their home care experience and what actually occurs (Long, 1998).”

Laferriere (1993) identifies four factors that are representative of the dimensions of patient satisfaction: technical quality of care, communication, personal relationship between client and provider, and delivery of services. Similarly, Long (1999) identifies three dynamic factors that impact on the patient's home care experience: the agency, the staff and the patient service mandates for care.

There are several key aspects of patient satisfaction, which need to be incorporated into any satisfaction instrument. Long (1998) identifies two attributes: the resource management of home care and the characteristics of the personnel. Resource management refers to the ability of the agency to meet scheduling needs of patients such as staff availability, timeliness, responsiveness of on-call staff, discharge planning, etc. Characteristics of the personnel include personal attributes of the agency staff: communication skills, caring, judgement and clinical expertise. And finally, any patient complaints must be handled in a timely manner.

During the past 10 years, there have been many standardized patient satisfaction instruments developed for which validity and reliability have been tested. The use of a standardized system allows for comparison of data between agencies, states, regions, and the nation. There is, however, no consistent method of collecting, analyzing and reporting

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of these data across systems (Milone, 1997). Therefore, validity and reliability are not always assessed, and unless agencies are utilizing a similar vendor or process, comparison of patient satisfaction results for benchmarking across systems is very difficult at best.

II. Reporting Requirements:

A. Federal: Centers for Medicare and Medicaid Services (CMS):

Currently, there are no federal reporting requirements of patient satisfaction related to home care services. The current CMS Conditions of Participation indicate that the home care agency perform an annual program evaluation. The CMS Interpretive Guidelines used by the agencies to understand how to comply with the Conditions of Participation indicate that providers and consumers should evaluate patient care services as part of the annual evaluation process.

With the final approval of the revised Conditions of Participation in 2003, there will be new requirements for the development of quality improvement programs for Medicare certified home care agencies. These revisions are mandated by the Balanced Budget Amendment of 1997 that requires home care agencies to implement the Outcomes Assessment and Information Set (OASIS). The use of this standardized comprehensive patient assessment tool has been designed by the Center for Health Policy Research to assist providers in predicting patient service needs and to measure outcomes of patient care. The OASIS assessment is a pivotal tool utilized for reimbursement under the Prospective Payment System (PPS) beginning in 2002. There are no patient satisfaction indicators in the OASIS assessment (Milone, 1997).

All Medicare certified home care agencies are required to complete OASIS assessments at defined intervals and transmit these data to their state agencies for reimbursement under Medicare and for Outcomes Based Quality Improvement (OBQI) efforts. State survey agencies (the Department of Health in Rhode Island) utilize these data to determine possible quality of care issues or adverse events. Agencies must demonstrate their ability to monitor and address any issues through their internal quality improvement programs. The use of OBQI in home care will enable agencies to compare OASIS related outcomes measures by state and nationally. Under its contract with Medicare, Quality Partners of Rhode Island is responsible for assisting the agencies in this quality improvement effort. Since 2000, Rhode Island has been a pilot OBQI state for quality improvement. The national OBQI implementation was launched in late 2002.

CMS has plans to publish certain OASIS-based quality measures for all Medicare certified agencies on its website in late 2003. This effort is similar to CMS's Nursing Home Compare website that presents quality related measures for all Medicare-certified nursing homes in the country.

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B. Accreditation:

Over the past 10 years, an increasing number of home care agencies have chosen to be accredited. Accreditation is voluntary and demonstrates that an agency has achieved standards of quality service established by the accrediting body. The two most widely used accrediting bodies for home care are the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the Community Health Accreditation Program (CHAP).

JCAHO is the oldest accrediting body in the nation, being established in 1951. It was initially developed for the hospital setting and expanded to home care in the 1990s. JCAHO's primary mission is to "continuously improve the safety and quality of care provided to the public through the provision of health care accreditation and related services that support performance improvement in health care organizations (www.JCAHO.org, 2002)." As part of the JCAHO home care accreditation process, agencies are required to document compliance with standards related to obtaining data regarding patient perception of care (patient satisfaction).

In 1997, JCAHO implemented the ORYX initiative integrating outcomes and other performance measurement data into the accreditation process. The collection, analysis, and reporting of ORYX Performance Measures is required for all JCAHO accredited health care providers. The total number of measures for which all health care organizations, except hospitals, are required to collect has been capped at six. For hospitals, JCAHO identified a core measures set in May 2001. These were piloted in Rhode Island in 2001 and were used by the state to fulfill one segment of the state law for public reporting. Other health care providers, including home care agencies, will continue to use non-core measures until core measures are developed for their setting(s). It is anticipated that home care core measures identification will focus on using OASIS-derived measures, as JCAHO is striving to make core measures for home care as consistent as possible with those selected by CMS. CMS is testing an OASIS-based set of care measures in eight states in 2003. None of these measures are related to patient satisfaction.

CHAP is the oldest organization accrediting community and home care agencies. It began accrediting agencies in 1965 as part of the National League for Nursing but was incorporated as a separate entity in 1987. It is the only accrediting body that has offered full public access to all accreditation findings since its inception (Ayer, T. and Rose, B. 1997). CHAP was the first national accrediting body to receive deemed status from the Health Care Finance Administration in 1992. Deemed status exempts CHAP accredited facilities from routine Medicare certification surveys conducted by state agencies. JCAHO has also been awarded deemed status by CMS.

In 1994, CHAP developed a program entitled "Benchmarks for Excellence." This program provides agencies with data collection instruments and tools to assess quality of care that become the basis for internal quality improvement initiatives. These benchmarks are called "Pulse Points" and identify three basic categories for defining and measuring

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quality in home care. The three Pulse Points are: Consumer Satisfaction, Clinical Services and Organizational Management. Two additional Pulse Points, Financial Management and Risk Management, were added in 1995. Specifically, the Consumer Pulse Point requires that agencies measure the following:

1. Consumer empowerment
2. Relationship between consumers and caregivers
3. Knowledge/information needed by the consumer
4. Family support
5. Consumer expectations of the provider.

C. State of Rhode Island:

Since the enactment of General Law Sec. 23-17.17, the State of Rhode Island has been developing and implementing processes to publicly report on clinical quality and patient satisfaction for all health care facilities licensed by HEALTH. More than thirteen reports have been developed which demonstrate the commitment of HEALTH to orderly and fully implement the law.

All of these reports, which focus on hospital and long term care settings, are located on the HEALTH website (www.health.ri.gov). Home health clinical quality and patient satisfaction are not yet addressed. The information contained in this environmental scan is to be used in planning for the approach to home health care reporting.

III. Reporting of Patient Satisfaction In Other States

A survey of current information available on the internet and through an email and telephone survey of home care associations throughout the United States determined that there are no states other than Rhode Island that currently require public reporting of home care outcomes data or patient satisfaction for the general home care population.

Although not considered clinical or patient satisfaction information reporting, the state of **Indiana** does post on its website some information on home care services through its Home Care Consumer Reports. This information includes whether the agency accepts Medicare, the counties served and services provided, the most recent state licensure and Medicare certification survey findings, substantial complaints, and ownership/administrator changes.

Maryland enacted a law in 1999 that requires the MHCC (Maryland Health Care Commission) to develop and implement a system to comparatively evaluate the quality of care and performance of hospitals on an objective basis and to annually publish these findings. The MHCC also released a Nursing Home Performance Evaluation Guide in 2001 using a defined set of quality indicators. Patient satisfaction is not included in these reports and this form of public reporting is not applied to the home care setting at this time.

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The state of **New Hampshire** published a "Guidelines for Change" in 1998 that includes recommendations regarding quality monitoring and improvement activities for all health care services for which there is current state legislative or regulatory authority. The initial focus of the document is on managed care plans. These guidelines do not specifically address patient satisfaction.

Several other states including **Iowa, New Jersey** and **New York** are in the process of either introducing legislation or developing implementation plans to collect and analyze outcomes and patient satisfaction data for home and community based care providers.

Refer to Appendix A for a summary of findings for each state website and contacts with the home care association in each state.

IV. Rhode Island Home Care Agencies

There were two surveys of home care agencies conducted for this scan. The first survey included only Medicare certified agencies. The second survey included both Medicare certified and non-certified agencies.

An initial telephone interview with Medicare certified home health care agencies in Rhode Island was conducted during May 2002. The agencies were identified from a list of licensed home care agencies provided by Quality Partners of Rhode Island. Refer to Appendix B for a listing of the home care agencies contacted for participation in the survey.

At that time, there were twenty-one agencies that were Medicare certified in Rhode Island. Thirteen agencies (62%) responded to the survey. A mail survey was conducted in March and April of 2003 to refresh this information and to broaden its reach to existing agencies, both Medicare certified and non-certified. Fifty-seven surveys were mailed out and the response rate was very high (90.9% for Medicare certified agencies and 74.2 % for non-certified agencies). Refer to Appendix C for a listing of the home care agencies contacted for participation in this survey.

A. May 2002 Survey Results (Medicare-certified agencies)

Of the thirteen respondents, seven (53%) indicated that the Fazzi Associates Pat/Stat patient satisfaction instrument was their method of collecting, analyzing and reporting patient satisfaction data. These data are collected on 100% of patients at time of discharge. Those agencies that provide Medicare certified hospice care also collect data on these patients/families using an instrument designed specifically for hospice. All of these agencies indicated positive experiences with Pat/Stat and the patient satisfaction reports. Their comments were related to the following: the availability of regional as well as national benchmarking; the firm's experience and perceived understanding of home care services; and the number of agencies using Pat/Stat.

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Five respondents (39%) indicated that they utilize an internal measurement system. Three of these respondents are owned by or affiliated with national home care agencies. These agencies benchmark their patient satisfaction data against other offices/franchises throughout the country. They collect patient satisfaction data on admission to home care or within the first two weeks of service.

Two other agencies use their own patient satisfaction tools. These are completed on 100% of discharged patients. One of the two agencies conducts patient satisfaction surveys every three months for long term patients.

One hospital based home care agency utilizes Press Ganey Associates for measurement of patient satisfaction for discharged clients. Their hospital affiliate uses Press Ganey for patient satisfaction in the hospital setting.

Respondents to the environmental survey indicated that the average response rate for patient satisfaction surveys was approximately 30-40%. The review of actual patient satisfaction survey data to confirm this report was not done within the scope of this scan.

Ten (70%) of the respondents indicated that they were JCAHO accredited. One agency was not accredited, and two agencies indicated they were CHAP accredited. For the agencies that indicated they were JCAHO accredited, four out of ten (40%) utilize Fazzi Pat/Stat for at least one of their ORYX performance measures.

All agencies that were interviewed indicated support of public reporting of home care patient satisfaction information. They indicated that whatever reporting process chosen by the state should be incorporated into their existing data collection methods as much as possible in order to eliminate additional reporting requirements by agency staff.

B. March-April 2003 Survey Results (Medicare certified and non-certified agencies)

This survey was expanded to include both Medicare certified and non-certified agencies. There were fifty-three agencies surveyed that represent all the agencies existing in the state at the time of the survey. Twenty-one of the twenty-two certified agencies (95.5%) responded. Twenty-three of the thirty-one non-certified agencies (74.2%) responded. The combined response rate was 83.0%.

Fifty-seven percent of the respondents indicated that they are accredited. Sixty-seven percent of the certified agencies are accredited. Forty-eight of the non-certified agencies are accredited.

All of the responding agencies, regardless of certification status, are collecting patient satisfaction data. Fifty-three percent of the certified agencies are using an internal survey instrument. Eighty-three percent of the non-certified agencies are using an internal survey instrument.

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The majority of respondents (75%), regardless of certification status, are using the mail to conduct their surveys. Twenty-one percent are using a telephone survey approach; the remaining are using some other form of communication.

With regard to the response rate experienced by each of the agencies to their surveys, the rates ranged from twelve reporting less than twenty percent response rate to a high of over fifty percent in fourteen agencies. These response rates were not validated by Qualidigm as part of this scan.

V. Patient Satisfaction Reporting: Current National Vendors:

A review of the literature indicates that there have been many instruments developed for measuring patient satisfaction in home care (Wilner, M. and Feldman, P. 1996). However, not all of them have been tested for reliability and consistency; nor do all of them include the same factors/domains in their survey instruments.

There is another related challenge to any statewide reporting program that has been experienced with the hospital patient satisfaction process: the lack of comparative regional or national data, because the instruments used by the agencies are not the same.

For these reasons, the scope of this review included existing patient satisfaction vendors that provide national survey data collection, analysis and reporting. Many of the additional vendors can be located by utilizing the JCAHO website (www.JCAHO.org) to view currently approved ORYX Performance Measurement Systems.

Press Ganey Associates, Inc.: The Home Care Patient Satisfaction Questionnaire:

Press Ganey Associates, Inc. has been measuring patient satisfaction with healthcare experiences since 1985. Their Home Care Patient Satisfaction Questionnaire was developed in 1993. The firm has extensive expertise in developing tested and reliable satisfaction surveys, comprehensive management reports, and national, comparative databases (Moran, 1997). Over 360 home care agencies in the country, with one home care agency participant in Rhode Island, use Press Ganey. Press Ganey Associates, Inc. is most widely known for hospital surveys; therefore, many agencies that are hospital based have utilized Press Ganey for this purpose. This firm is currently an approved ORYX Performance Measurement System and meets JCAHO reporting requirements.

Fazzi Associates: Pat/Stat Systems National Patient Satisfaction Database and Benchmark:

Over 300 home care agencies use Pat/Stat with comparative data for participating agencies available at least annually. Statistical tests for Convergent, Divergent, and criterion-based validity have demonstrated that all Pat/Stat survey items exceed the minimum statistical standard for these types of validity. Site level reliability is established, as well as scale reliability as determined by a Cronbach Alpha of .90 to .95. One significant advantage of Pat/Stat is that currently there are nine agencies within the

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state of Rhode Island that utilize this instrument for patient satisfaction reporting, and, in some cases, in order to meet JCAHO ORYX requirements. This enables agencies in the state to obtain benchmark data within the state and the region. Fazzi Associates provides both patient satisfaction and outcomes benchmarking data to some of these Rhode Island agencies.

The Picker Institute (National Research Corporation):

A JCAHO approved ORYX Performance Measurement System, the Picker Institute/NRC has been utilized for statistically valid and reliable studies in health care for many years. NRC is the oldest performance measurement firm dedicated solely to the healthcare industry. NRC provides local benchmarks, customer-defined service area benchmarks, as well as state and national benchmarks. No Rhode Island agencies use Picker as their vendor.

Creative Healthcare Strategies, Inc. (CHSI):

CHSI was organized in 1995 to develop software tools for home care. CHSI's DataSolution is a leading outcomes measurement and benchmarking system. It provides OASIS and ORYX compliance for the agencies, and supports patient satisfaction, clinical, functional and utilization applications for home care, hospitals and long term care settings. DataSolution uses interactive voice response technology to collect patient satisfaction data in real time. No Rhode Island agencies use CHSI as their vendor.

Strategic Healthcare Programs, LLC (SHP):

SHP is a healthcare data services company established in 1995. Its mission is to help organizations involved in the healthcare industry to understand and improve their performance through data (www.shpdata.com). SHP provides data collection, transmission, storage, analysis, reporting and benchmarking services for outcomes measures including clinical, financial, patient satisfaction and utilization domains. SHP is an approved ORYX Performance Measurement System and has an alliance with VNA First to provide patient satisfaction and other outcomes measurement and benchmarking reports. Two Rhode Island agencies use SHP as their vendor.

The above systems represent a sample of patient satisfaction survey programs. They are identified as experienced, well-established organizations with proven validity and reliability in testing. Additional patient satisfaction and outcomes measurement systems for home care can be located at the JCAHO website (www.jcaho.org).

VI. Summary of Scan Findings:

This environmental scan on home health care patient satisfaction in Rhode Island and across the country has three purposes:

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- to review current literature related to patient satisfaction and reporting of patient satisfaction data in home care;
- to determine current reporting requirements in different states; and
- to identify current reporting systems utilized for reporting and analyzing patient satisfaction data in home care.

Based on the findings discussed herein, the following conclusions can be drawn from the scan:

1. There are patient satisfaction instruments available that would satisfy the public reporting requirements of the Rhode Island law. These have been tested for validity and reliability.
2. There are no states as of this date, other than Rhode Island, that are providing public reports on patient satisfaction in the home health care setting.
3. The federal government requirements for home health care Medicare Certification/Conditions of Participation do not address patient satisfaction specifically, but they do require that consumers be included in the required annual program evaluation to be done by the agency. This is interpreted as a patient satisfaction survey to be conducted by the agency.
4. Of the fifty-three home care agencies in Rhode Island, twenty-two are Medicare certified.
5. Of the twenty-one Medicare certified agencies responding to the survey, all are conducting patient satisfaction surveys.
6. Of the twenty-three non-certified agencies responding to the survey, 100% are conducting surveys.
7. There is no single commercial survey instrument that is predominant. The majority of responding agencies are using internal survey instruments.

The implementation of the Rhode Island Health Quality Performance Measurement and Reporting Program has encountered challenges within each of the settings it is currently working in: hospitals and nursing homes. It will be no different in the home care setting. In fact, the challenges are similar related to designing and implementing a standardized approach to data collection (whether it be clinical or patient satisfaction), and a reporting format to address the goals of the law: provide information to the public as well as information to providers to promote quality improvement.

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www.pressganey.org

Appendix A
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May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Alabama	www.adph.org	Alabama Association of Home Health Agencies	AAHA@ahaa.org	No public reporting requirements for quality data or patient satisfaction for home care.
Alaska	www.hss.state.ak.us/dph	Alaska Home Care Association		No public reporting requirements for quality data or patient satisfaction for home care.
Arizona	www.hs.state.az.us	Arizona Association for Home Care		The Bureau of Quality Management and Evaluation has developed a QM/UM Plan for behavioral health which includes an Annual Client Satisfaction Survey (MHSIP). No additional data for other home care client populations.
Arkansas	www.healthyarkansas.com	Home Care Association of Arkansas	Hcaark@aol.com	No public reporting requirements for quality data or patient satisfaction for home care.

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State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
California	www.dhs.ca.gov	California Association for Health Services at Home	www.cahsah.org	No public reporting requirements for quality data or patient satisfaction for home care.
Colorado	www.cdphe.state.co.us	Home Care Association of Colorado	ecaruso@assnoffice.com	No public reporting requirements for quality data or patient satisfaction for home care.
Connecticut	www.dph.state.ct.us	Connecticut Association for Home Care	www.cthomecare.org	No public reporting requirements for quality data or patient satisfaction for home care.
Delaware	www.state.de.us	Delaware Association of Home Care & Community Care		No public reporting requirements for quality data or patient satisfaction for home care.
Florida	www.doh.state.fl.us	Associated Home Health Industries of Florida, Inc.	www.ahhif.org	No public reporting requirements for quality data or patient satisfaction for home care.
Georgia	www.ph.dhr.state.ga.us	Georgia Association for Comprehensive Home Care	Gahomehelaht@earthlink.net	No public reporting requirements for quality data or patient satisfaction for home care.

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State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Hawaii	www.state.hi.us/health	Hawaii Association for Home Care	www.hah.org	No public reporting requirements for quality data or patient satisfaction for home care.
Idaho	www2.state.id.us/dhw	Idaho Association of Home Health Agencies	Iahha@iahha.org	No public reporting requirements for quality data or patient satisfaction for home care.
Illinois	www.idph.state.il.us	Illinois Home Care Council		No public reporting requirements for quality data or patient satisfaction for home care.
Indiana	www.state.in.us/	Indiana Association for Home & Hospice Care, Inc.	Iahcms@earthlink.net	The state posts Home Health Agency Consumer Reports: includes findings of licensure/Medicare surveys, substantial complaints. No patient satisfaction.
Iowa	www.idph.state.ia.us	Iowa Association for Home Care		Plan to begin reporting annually on disabled patient's satisfaction with availability and accessibility of health care information. Will use data to address needs during 2003.

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State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Kansas	www.ink.org/public/kdhe	Kansas Home Care Association	Khca@kshomecare.org	No public reporting requirements for quality data or patient satisfaction for home care.
Kentucky	http://publichealth.state.ky.us	Kentucky Home Health Association	Homecare@khha.org	No public reporting requirements for quality data or patient satisfaction for home care except the Annual Home Health Services Report which lists census and service information by Area Development District and Statewide.
Louisiana	www.dhh.state.la.us/	Home Care Association of Louisiana	Hcla@eatel.net	No routine reporting for patient satisfaction or home care outcomes. Conducted a Survey for MCH services for CSHS Program which included patient satisfaction.

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State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Maine	www.state.me.us/dhs	Home Care Alliance of Maine	www.homecarealliance.org	Maine Health Data Organization est. in 1996 to collect clinical and financial health care information for public access. Not specific to home care; no outcomes data or patient satisfaction.
Maryland	www.dhmf.state.md.us	Maryland-National Capital Homecare Association	www.aahomecare.org	No public reporting requirements for quality data or patient satisfaction for home care. Public reporting for hospitals/SNFs is in place.
Massachusetts	www.state.ma.us/dph	Home & Health Care Association of Massachusetts	www.mass-homehealth.org	No public reporting requirements for quality data or patient satisfaction for home care.
Michigan	www.mdmh.state.mi.us	Michigan Home Health Association	www.mhha.org	No public reporting requirements for quality data or patient satisfaction for home care.

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State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Minnesota	www.health.state.mn.us	Minnesota Home Care Association	www.mnhomecare.org	No public reporting requirements for quality data or patient satisfaction for home care. Public reporting for managed care plans.
Mississippi	www.msdh.state.ms.us	Mississippi Association for Home Care	www.mahc.org	No public reporting requirements for quality data or patient satisfaction for home care.
Missouri	www.health.state.mo.us	Missouri Alliance for Home Care	www.homecaremissouri.org	No public reporting requirements for quality data or patient satisfaction for home care.
Montana	www.dphhs.state.mt.us	Montana Association of Home Care Agencies	mahhanahc@montana.com	No public reporting requirements for quality data or patient satisfaction for home care.
Nebraska	www.hhs.state.ne.us	Nebraska Association of Home & Community Health Agencies		No public reporting requirements for quality data or patient satisfaction for home care.

Appendix A
Reporting of Patient Satisfaction Across the Nation
Interview/Web Sources
May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Nevada	www.hr.state.nv.us	Home Health Care Association of Nevada		No public reporting requirements for quality data or patient satisfaction for home care.
New Hampshire	www.dhhs.state.nh.us	Home Care Association of New Hampshire	www.homecarenh.org	No public reporting requirements for quality data or patient satisfaction for home care. Recommended Guidelines for Change to include monitoring and quality improvement activities; Patient satisfaction not specifically addressed.
New Jersey	www.state.nj.us/health	Home Health Assembly of New Jersey	www.homecarenj.org	No public reporting requirements for quality data or patient satisfaction for home care. The State Department of Health is currently evaluating the development of a consumer report of care.

Appendix A
Reporting of Patient Satisfaction Across the Nation
Interview/Web Sources
May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
New Mexico	www.health.state.nm.us	New Mexico Association for Home Care	www.nmahc.org	No public reporting requirements for quality data or patient satisfaction for home care. State monitoring through the Division of Health Improvement (DHI).
New York	www.health.state.ny.us	Home Care Association of New York State, Inc.		No public reporting requirements for quality data or patient satisfaction for home care. Legislation pending regarding reporting of quality improvement information.
North Carolina	www.state.nc.us/DHR	Association for Home & Hospice Care of North Carolina, Inc.	Info@homeandhospicecare.org	No public reporting requirements for quality data or patient satisfaction for home care.
North Dakota	www.ehs.health.state.nd.us	North Dakota Association for Home Care		No public reporting requirements for quality data or patient satisfaction for home care.

Appendix A
Reporting of Patient Satisfaction Across the Nation
Interview/Web Sources
May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Ohio	www.odh.state.oh.us	Ohio Council for Home Care	Ochc@homecareohio.org	No public reporting requirements for quality data or patient satisfaction for home care. Conducted the 1998 Ohio Family Health Survey to obtain baseline measures of different health topics, including satisfaction with care. Not specific to home care.
Oklahoma	www.health.state.ok.us	Oklahoma Association for Home Care		No public reporting requirements for quality data or patient satisfaction for home care.
Oregon	www.ohd.hr.state.or.us	Oregon Association for Home Care	www.oahc.org	No public reporting requirements for quality data or patient satisfaction for home care.
Pennsylvania	www.health.state.pa.us	Pennsylvania Association of Home Health Agencies		No public reporting requirements for quality data or patient satisfaction for home care.

Appendix A
Reporting of Patient Satisfaction Across the Nation
Interview/Web Sources
May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Rhode Island	www.health.state.ri.us	Rhode Island Partnership for Home Care, Inc.		In the process of developing processes for reporting patient satisfaction data for home care in compliance with the Fogarty Legislation. Website for Performance Measurement and Reporting allows public access to several quality improvement reports.
South Carolina	www.scdhec.net	South Carolina Home Care Assoc	HomeCareSC@capconsc.com	No public reporting requirements for quality data or patient satisfaction for home care. Home Care regulations specify that a systematic method of obtaining patient satisfaction of care be implemented.
South Dakota	www.state.sd.us	South Dakota Association of Healthcare		No public reporting requirements for quality data or patient satisfaction for home care. Reporting for inpatient facilities in place, no patient satisfaction.

Appendix A
Reporting of Patient Satisfaction Across the Nation
Interview/Web Sources
May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Tennessee	www.state.tn.us	Tennessee Association for Home Care	www.tahc-net.org	No public reporting requirements for quality data or patient satisfaction for home care.
Texas	www.tdh.state.tx.us	Texas Association for Home Care	www.tahc.org	No public reporting requirements for quality data or patient satisfaction for home care. Report CAHPS survey findings for Medicaid Managed Care.
Utah	http://hlunix.hl.state.ut.us	Utah Association of Home Health Agencies		No public reporting requirements for quality data or patient satisfaction for home care. HMO and Inpatient reports; No patient satisfaction.
Vermont	www.state.vt.us/health	Vermont Assembly of Home Health Agencies	Vahha@together.net	Report unresolved complaints to the state. Patient satisfaction data uniformly collected but not reported to the state.
Virginia	www.vdh.state.va.us	Virginia Association for Home Care	Vahc@erols.com	No public reporting requirements for quality data or patient satisfaction for home care.

Appendix A
Reporting of Patient Satisfaction Across the Nation
Interview/Web Sources
May 2002

State	Website address	State Home Care Association	Website/Email Address	Patient Satisfaction Reporting
Washington	www.doh.wa.gov	Home Care Association of Washington	HomeCareWA@aol.com	No public reporting requirements for quality data or patient satisfaction for home care.
West Virginia	www.wvdhhr.org	West Virginia Council of Home Care Agencies, Inc.	Wvchha@access.mountain.net	No public reporting requirements for quality data or patient satisfaction for home care.
Wisconsin	www.dhfs.state.wi.us	Wisconsin Homecare Association	WIShomecare@earthlink.net	No public reporting requirements for quality data or patient satisfaction for home care.
Wyoming	www.wdhfs.state.wy.us	Home Health Care Alliance of Wyoming		No public reporting requirements for quality data or patient satisfaction for home care.

Appendix B:
Home Care Agencies Surveyed in May 2002

American Home Patient, Inc.*
66 Amaral Street
East Providence, RI 02915

Assisted Daily Living, Inc.
2809 Post Road
Warwick, RI 02886

Bayada Nurses, Inc.
21 Charles Street
Providence, RI 02904

Capitol HC Network, Inc.
400 Reservoir Avenue LL-N
Providence, RI 02907

Cathleen Naughton Associates, Inc.*
249 Wickenden Street
Providence, RI 02903

Consistent Care Corporation
8 Clinton Avenue
Jamestown, RI 02835

Home Care Advantage CHC, Inc.*
165 Burnside Street
Cranston, RI 02910-1150

Hospice Care of Rhode Island
169 George Street
Pawtucket, RI 02860

H&T Medicals, Inc.
174 Harrison Street
Providence, RI 02907

Interim Healthcare of RI*
245 Waterman Street, Suite 308
Providence, RI 02906

Memorial Hospital Home Care
111 Brewster Street
Pawtucket, RI 02860

Appendix B:
Home Care Agencies Surveyed in May 2002

Northwest Home Care*
P.O.Box 423, Putnam Pike
Harmony, RI 02829

Roger Williams Home Care*
50 Maude Street
Providence, RI 02908

Saranna Home Care*
339 Angell Street
Providence, RI 02906

Tender Loving Care, d/b/a Staff Builder Home Care Services*
380 Broadway Suite 2
Providence, RI 02903

Visiting Nurse and Health Service, Inc.*
1184 East Main Street
P.O. Box 690
Portsmouth, RI 02871

VNA of Care New England/Kent Hospital Home Care*
51 Health Lane
Warwick RI 02886

VNA of Rhode Island*
622 George Washington Highway
Lincoln, RI 02865

VNS of Greater Rhode Island*
6 Blackstone Valley Place, Suite 515
Lincoln, RI 02865

VNS Home Care, Inc.*
14 Woodruff Avenue
Naragansett, RI 02882

Western Medical Services
1020 Park Avenue, Suite 2
Providence, RI 02909

*Indicates response obtained

Appendix C:
Listing of Home Care Agencies Surveyed in April-May 2003

A Caring Experience Nursing Services, Inc.*
21 Douglas Avenue
Providence, RI 02908

Access Healthcare, Inc.*
75 Purchase Street
East Providence, RI 02914

Alternative Care Medical Services*
528 North Main Street, Suite 1
Providence, RI 02908

Assisted Daily Living, Inc.
2809 Post Road
Warwick, RI 02886

Aquidneck Island Medical Resource Team, Inc.
201 Forest Avenue
Middletown, RI 02842

Bayada Nurses, Inc.*
2 Charles Street
Providence, RI 02908

Bay View Health Services – Warwick*
2699 Post Road, Suite A
Warwick, RI 02886

Capitol Home Care Network, Inc.*
400 Reservoir Avenue, LL-N
Providence, RI 02907

Cathleen Naughton, Inc.*
249 Wickenden Street
Providence, RI 02903

Centrus Premiere Home Care, Inc.*
95 Sockanossett Crossroad, Suite 201
Cranston, RI 02920

Child and Family Services of Newport County*
76 Hammarlund
Middletown, RI 02842

Appendix C:
Listing of Home Care Agencies Surveyed in April-May 2003

Clinical IV Network, LLC*
15 Hazel Street
Pawtucket, RI 02860

Community Care Nurses, Inc.*
35 Belver Avenue – Room 113
North Kingstown, RI 02852

Concord Health Services, Inc.*
2013 Plainfield Pike, Suite 102
Johnston, RI 02919

Consistent Care Corporation*
8 Clinton Avenue
Jamestown, RI 02835

Coram Healthcare Corporation of Massachusetts
P. O. Box 8277
Warwick, RI 02888

Coventry Home Care, Inc.
1060 Tiogue Avenue
Coventry, RI 02816

Gleason Medical Services, Inc.*
1145 Reservoir Avenue, Suite 112
Cranston, RI 02920

H & T Medicals, Inc.
1738 Broad Street
Providence, RI 02905

Health Care Connections Nursing Services, Inc.*
205B Bullocks Point Avenue
Riverside, RI 02915

Health Care Services*
400 Reservoir Avenue, Suite LL-G
Providence, RI 02907

Health Touch, Inc.*
24 Salt Pond Road, F1
Wakefield, RI 02879

Appendix C:
Listing of Home Care Agencies Surveyed in April-May 2003

Highland Court Services, LTD.
100 Highland Avenue, Suite 100
Providence, RI 02906

Home & Hospice Care of RI*
169 George Street
Pawtucket, RI 02860

Home Care Advantage, Inc.*
160 Burnside Street
Cranston, RI 02910

Home Care Services of RI, Inc.*
Plaza Center, 68 Cumberland Street
Woonsocket, RI 02895

Homefront Health Care*
725 Branch Avenue, Suite 214
Providence, RI 02904

Ideal Home Care Service, Inc.*
8 Martin Avenue
Providence, RI 02904

Interim Healthcare*
245 Waterman Street, Suite 308
Providence, RI 02906

Intrepid of RI, d/b/a Intrepid Use Healthcare Service*
1020 Park Avenue, Suite 211
Cranston, RI 02910

Jewish Family Service*
229 Waterman Street
Providence, RI 02906

Life Care at Home of RI*
One Cherry Hill Road, Suite 104
Johnston, RI 02919

Lifetime Medical Support Services
235 Lonsdale Avenue
Pawtucket, RI 02862

Appendix C:
Listing of Home Care Agencies Surveyed in April-May 2003

Maxim Healthcare Services, Inc.
758 Eddy Street, Suite 3B
Providence, RI 02903

Memorial Hospital – Home Care*
55 Prospect Street
Pawtucket, RI 02860

New Care, LLC*
201 Forest Avenue
Middletown, RI 02842

Northwest Home Care*
P. O. Box 423, 185 Putnam Pike
Harmony, RI 02829

Ocean State Nursing Service, Inc.*
225 East Avenue
Pawtucket, RI 02860

Pawtuxet Valley Infusion Care*
85 Sandy Bottom Road
Coventry, RI 02816

Personal Home Health Services, Inc.*
10 Nate Whipple Highway
Cumberland, RI 02864

Phenix Home Care, Inc.*
227 Phenix Avenue
Cranston, RI 02920

Preferred Health Care Services
633 Metacom Avenue
Warren, RI 02885

Roger Williams Home Care*
50 Maude Street
Providence, RI 02908

St. Jude Home Care, Inc.
288 Nayatt Road
Barrington, RI 02806

Appendix C:
Listing of Home Care Agencies Surveyed in April-May 2003

Saranna Home Care, Inc.*

339 Angell Street
Providence, RI 02906

South County Quality Care

14 Woodruff Avenue, Suite 7
Narragansett, RI 02882

Summit Health Services, Inc.*

16 High Street, 2nd Floor
Westerly, RI 02891

Tender Loving Care d/b/a Staff Builders Home Care*

380 Broadway, Suite 2
Providence, RI 02909

Visiting Nurse Service of Greater RI*

6 Blackstone Valley Place, Suite 515
Lincoln, RI 02865

VNA of Care New England*

51 Health Lane
Warwick, RI 02886

VNA of Rhode Island*

622 George Washington Highway
Lincoln, RI 02865

VNS Home Health Services*

14 Woodruff Avenue, Suite 7
Narragansett, RI 02882

VNS of Newport and Bristol Counties, Inc.*

1184 East Main Road
Portsmouth, RI 02871

*Indicates response obtained – In addition, two anonymous responses were also received



Health Quality Performance Measurement

RHODE ISLAND DEPARTMENT OF HEALTH

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DONALD CARCIERI, GOVERNOR